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COMBINED DECLA					317USw
APPLICATION WITI	H POWER	OF ATTORNEY		9	nes Inventor:
					arold DREWRY
		•		App N	ete if known:
() Declaration submitted with initial	filing or			1	
() Declaration submitted after initia	l filing (surcharge r	required 37CFR1.16(e))		Filing 1	Date
				Group	Art Unit:
				J	
As below name	d inventor. I here	by declare that:			
My residence, post office	e address and citiz	zenship are as stated belo	ow next to my name.		
			e is listed below) or an original, a simed and for which a patent is so		
the monification of which	h (ahaak anlu ana	CHEMICAL COM	IPOUNDS		
the specification of which	n (check omy one	nem below):			
[]is attached hereto. OR	·				
[X] was filed on 18 Jur	ne 2004 as United	d States application Seria	al No or PCT Int	ernational	
Application Number PC	T/US04/19692 fi	lled and was amended on	ı (MM/DD/YYYY)	·	(if applicable)
I hereby state that I have as amended by any amen			the above-identified specification	n, includin	g the claims,
I acknowledge the duty to	o disclose inform	ation which is material to	patentability as defined in 37 C	FR §1.56	
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internati	any PCT internati id have also ident	onal application which dified below, by checking	lesignated at least one country of the box, any foreign application	her than the for paten	he United t or inventor's
PRIOR FOREIGN AND ANY I				i priority	is claimed.
Prior Foreign Application		Country	Foreign Filing Date		PRIORITY
Number (s)			(MM/DD/YYYY))		CLAIMED
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4. 5.					
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I hereby claim the benefit under T	iue 33, United St			cation(s)	isted below:
Application No. 1. 60/479,753			(MM/DD/YYYY) 5/19/2003		
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ORNEY'S DOCKET NUMBER
PR60317USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	OF PUT PARENT APPLICATI	ION			
		:	STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
POWER OF ATTORNEY: As a named inver prosecute this application and to transact all but Customer Number 23347 and Customer Number	siness in the Patent and Trademark C			provided below to	
Address all correspondence and telephone David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-335		<u>47</u>		alls to: MANOWICZ 483-8247.	

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DREWRY	David	Harold
	INVENTOR'S	Signature)	_	Date: A 11700U
	SIGNATURE	TWO DOOK NOWY		Date: Bugut 11,2004
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
l	CITIZENSHIP	Durham U	NC	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	EVANS	Brian	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GOODMAN	Krista	B.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
	CITIZENSHIP	King of Prussia	CITY	STATE & ZIP CODE/COUNTRY
,	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
3	ADDRESS		Research Illangie Lark	North Caronna 27703, 03
		Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	GREEN	Darren	Victor, Steven
2	OF INVENTOR INVENTOR'S	Signature	Darren	Date:
	SIGNATURE	Signature		, .
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
`	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
		1110 INDUIC DITTO, I O DOX 13370		<u> </u>

CON	IBINED DE	CLARATION FOR UTII	LITY or DESIGN	ATTORNEY'S DOCKET NUMBER PR60317USW
PAT	ENT APPLI	ICATION WITH POWER	R OF ATTORNEY Co	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	JUNG	David	Kendall
	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	cmy	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	:	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LEE	Dennis	
	INVENTOR'S	Signature	• • • • • • • • • • • • • • • • • • •	Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia	PA	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398.		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STAVENGER	Robert	Α.
	INVENTOR'S	Signature		Date:
	SIGNATURE	<u></u>		<u> </u>
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia POST OFFICE ADDRESS	PA	US
	POST OFFICE		CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WADMAN	Sjoerd	Nocolaas
	INVENTOR'S	Signature		Date:
•	SIGNATURE			1
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Obermorschwiller	FR	NL
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

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COMBINED DECLAI				ATTORNEY'S DOCKET PR60317USw
APPLICATION WITH	HPOWER	OF ATTORNEY		First Names Inventor:
				David Harold DREWRY Complete if known: App No.:
() Declaration submitted with initial	filing or			
() Declaration submitted after initia	l filing (surcharge r	required 37CFR1.16(e))		Filing Date
				Group Art Unit:
As below named	d inventor. I here	by declare that:		'
My residence, post office	address and citiz	zenship are as stated belo	ow next to my name.	
			e is listed below) or an original, fi imed and for which a patent is so	
the specification of which	; h (check only one	CHEMICAL COMe item below):	IPOUNDS	
[] is attached hereto. OR				
	e 2004 as United	d States application Seria	al No or PCT Inte	mational
Application Number PC	T/US04/19692 fi	iled and was amended or	(MM/DD/YYYY)	(if applicable)
I hereby state that I have as amended by any amen			the above-identified specification	, including the claims,
I acknowledge the duty to	o disclose inform	ation which is material to	patentability as defined in 37 CI	FR §1.56.
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	any PCT internati d have also ident	ional application which diffied below, by checking	lesignated at least one country of the box, any foreign application	ner than the United for patent or inventor's
PRIOR FOREIGN AND ANY P			. 119:	
Prior Foreign Application Number (s)	(Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
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I hereby claim the benefit under T	iue 33, United St			ation(s) listed below:
Application No. 1. 60/479,753			(MM/DD/YYYY) 5/19/2003	
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3.				

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PRIOR U.S. PARENT APPLICATION o	<u>r PCT PARENT APPLICAT</u>	ION		
		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named invent prosecute this application and to transact all busic Customer Number 23347 and Customer Number	ness in the Patent and Trademark			provided below to
Address all correspondence and telephone ca David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398		<u>347</u>		alls to: MANOWICZ 483-8247

		C2	T	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DREWRY	David	Harold
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	-	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	EVANS	Brian	
	INVENTOR'S	Signature O		Date:
•	SIGNATURE	Bran Evan		17-8-04
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GOODMAN	Krista	В.
ı	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia	PA	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GREEN	Darren	Victor, Steven
	INVENTOR'S	Signature		Date:
l	SIGNATURE			
. 0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	1	, i
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ATTORNEY'S DOCKET NUMBER COMBINED DECLARATION FOR UTILITY or DESIGN PR60317USw PATENT APPLICATION WITH POWER OF ATTORNEY Continued FIRST GIVEN NAME FULL NAME FAMILY NAME SECOND GIVEN NAME/INITIAL JUNG OF INVENTOR David Kendall Signature INVENTOR'S Date: SIGNATURE CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP O **RESIDENCE &** Durham NC CITIZENSHIP US POST OFFICE ADDRESS POST OFFICE STATE & ZIP CODE/COUNTRY GlaxoSmithKline Research Triangle Park 5 **ADDRESS** North Carolina 27709, US Five Moore Drive, PO Box 13398 FIRST GIVEN NAME FULL NAME SECOND GIVEN NAME/INITIAL 2 OF INVENTOR LEE David **INVENTOR'S SIGNATURE** 0 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & King of Prussia CITIZENSHIP POST OFFICE ADDRESS POST OFFICE CITY STATE & ZIP CODE/COUNTRY GlaxoSmithKline North Carolina 27709, US 6 **ADDRESS** Research Triangle Park Five Moore Drive, PO Box 13398 FIRST GIVEN NAME **FULL NAME** FAMILY NAME SECOND GIVEN NAME/INITIAL **STAVENGER** OF INVENTOR Robert A. INVENTOR'S Signature Date: SIGNATURE 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP King of Prussia PA CITIZENSHIP US POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY 7 GlaxoSmithKline Research Triangle Park **ADDRESS** North Carolina 27709, US Five Moore Drive, PO Box 13398 FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **FULL NAME** FAMILY NAME OF INVENTOR WADMAN 2 Sjoerd **Nocolaas INVENTOR'S** Signature Date: **SIGNATURE** STATE OR FOREIGN COUNTRY 0 RESIDENCE & COUNTRY OF CITIZENSHIP Obermorschwiller CITIZENSHIP FR POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE 8 GlaxoSmithKline Research Triangle Park North Carolina 27709, US **ADDRESS** Five Moore Drive, PO Box 13398

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY			PR60 First Na	NEY'S DOCKET 317USw umes Inventor: Harold DREWRY	
() Declaration submitted with initial	l filing or			Comp App N	<i>lete if known:</i> lo.:
() Declaration submitted after initia	al filing (surcharge	required 37CFR1.16(e))		Filing	Date
				Group	Art Unit:
As below name	d inventor. I her	eby declare that:			
My residence, post office	e address and citi	zenship are as stated bel	ow next to my name.		
I believe I am the origina (if plural names are listed entitled:	al, first and sole in the substitution of the	nventor (if only one namulation of the contract of the contrac	ne is listed below) or an original, a samed and for which a patent is so	first and jought on t	oint inventor the invention
the specification of which	h (check only one	CHEMICAL CON titem below):	MPOUNDS		
[]is attached hereto. OR	;				
[X] was filed on 18 Jur	ne 2004 as Unite	d States application Seri	al No or PCT Into	ernational	I
Application Number PC	T/US04/19692 f	iled and was amended or	n (MM/DD/YYYY)		_(if applicable)
I hereby state that I have as amended by any amen	reviewed and un dment specifical	derstand the contents of y referred to above.	the above-identified specification	, includir	ng the claims,
I acknowledge the duty to	o disclose inform	ation which is material t	o patentability as defined in 37 C	FR §1.56	
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	any PCT internated have also ident on all application I	ional application which of ified below, by checking naving a filing date befor	designated at least one country of the box, any foreign application to that of the application on which	her than to for paten	he United t or inventor's
PRIOR FOREIGN AND ANY P		LIMS UNDER 35 U.S.C Country	<u> </u>		DD 10 D 1001
Number (s)			Foreign Filing Date (MM/DD/YYYY))		PRIORITY CLAIMED
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5.		· · · · · · · · · · · · · · · · · · ·		``	•
I hereby claim the benefit under T	itle 35, Un ited St	ates Code §119(e) of an	y United States provisional applic	ation(s)	isted below:
Application No.		Filing Date	(MM/DD/YYYY)		
1. 60/479,753		0(6/19/2003		
2.			<u> </u>		

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ATTORNEY'S DOCKET NUMBER
PR60317USW

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			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED PENDING ABA		ABANDONED	
POWER OF ATTORNEY: As a named inven prosecute this application and to transact all bus Customer Number 23347 and Customer Number	iness in the Patent and Trademark			provided below to	
Address all correspondence and telephone of David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398	calls to Customer Number <u>23.</u>	<u>.</u>		alls to: MANOWICZ 483-8247	

0	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	DREWRY Signature	David	Harold Date:
0	SIGNATURE RESIDENCE &			Date:
0	RESIDENCE &			
l ° [,
-	CITIZENCHID	СТТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1 F	CITELIANI	Durham	NC .	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1 1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
L		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	EVANS	Brian	
ļ [INVENTOR'S	Signature		Date:
l L	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
L	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
111	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GOODMAN 🕜	Krista	В.
	INVENTOR'S	Signature		Date: 10 / A4
	SIGNATURE	Ø1//		7/30/04
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITTZENSHIP
<i>i</i>	CITIZENSHIP	King of Prussia	PA	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	·	· · · · · · · · · · · · · · · · · · ·
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GREEN	Darren	Victor, Steven
	INVENTOR'S	Signature		Date:
L	SIGNATURE			
0	RESIDENCE &	СПҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
L	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	

COI	MBINED DE	CLARATION FOR UTIL	LITY or DESIGN		ATTORNEY'S BOCKET NUMBER PR60317USW
		ICATION WITH POWER		ontinued	1 K0031/03W
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	_	D GIVEN NAME/INITIAL
2	OF INVENTOR	JUNG	David	Kend	lali
	INVENTOR'S	Signature		Date:	
	SIGNATURE				
0	RESIDENCE &	СПҮ	STATE OR FOREIGN COUNTRY		RY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US	
_	POST OFFICE	POST OFFICE ADDRESS	CITY		& ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North	h Carolina 27709, US
		Five Moore Drive, PO Box 13398			
_	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECONI	GIVEN NAME/INITIAL
2	OF INVENTOR	LEE	Dennis		
	INVENTOR'S	Signature		Date:	
	SIGNATURE				
0	RESIDENCE &	СПҮ	STATE OR FOREIGN COUNTRY		RY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia	PA	US	-
_	POST OFFICE	POST OFFICE ADDRESS	СПУ		ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North	n Carolina 27709, US
		Five Moore Drive, PO Box 13398			
	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND	GIVEN NAME/INITIAL
2	OF INVENTOR	STAVENGER	Robert	A.	
	INVENTOR'S	Signature		Date:	
	SIGNATURE				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY		RY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia POST OFFICE ADDRESS	PA	US	
_	POST OFFICE		СПУ		ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North	Carolina 27709, US
		Five Moore Drive, PO Box 13398			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		GIVEN NAME/INITIAL
2	OF INVENTOR	WADMAN	Sjoerd	Noco	laas
	INVENTOR'S	Signature		Date:	
	SIGNATURE				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY		Y OF CITIZENSHIP
	CITIZENSHIP	Obermorschwiller	FR	NL	
	POST OFFICE	POST OFFICE ADDRESS	СПУ		ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North	Carolina 27709, US
		Five Moore Drive, PO Box 13398		1	

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APPLICATION WITH POWER OF ATTORNEY First Names the Complete If. App No.:		RATION FOR UTILITY C		ATTORNEY'S DO PR60317USw
() Declaration submitted with initial filing or () Declaration submitted after initial filing (surcharge required 37CFR1.16(e)) As below named inventor. I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint in (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the in entitled: CHEMICAL COMPOUNDS the specification of which (check only one item below): []is attached hereto. OR [X] was filed on 18 June 2004 as United States application Serial No or PCT International Application Number PCT/US04/19692 filed and was amended on (MM/DD/YYYY) (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the Unstates of America, listed below and have also identified below, by checking the box, any foreign application patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is cla PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: Prior Foreign Application Number (s) Country Foreign Filing Date (MM/DD/YYYY) CLA Application No. Filing Date (MM/DD/YYYYY)	APPLICATION WIT	I POWER OF ATTORNE	\mathbf{Y}	First Names Invent
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() Declaration submitted after initial filing or () Declaration submitted after initial filing (surcharge required 37CFR1.16(e)) As below named inventor. 1 hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint in (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the in entitled: CHEMICAL COMPOUNDS the specification of which (check only one item below): [] is attached hereto. OR [X] was filed on 18 June 2004 as United States application Serial No or PCT International Application Number PCT/US04/19692 filed and was amended on (MM/DD/YYYY) (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the Unstates of America, listed below and have also identified below, by checking the box, any foreign application for patent or in certificate or of any PCT international application which designated at least one country other than the Unstates of America, listed below and have also identified below, by checking the box, any foreign application for patent or in certificate or of any PCT international application which designated at least one country other than the Unstates of America, listed below and have also identified below, by checking the box, any foreign application for patent or in certificate or of any PCT international application for patent or in certificate or of a				
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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

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I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inventor prosecute this application and to transact all bus Customer Number 23347 and Customer Number 23347.	iness in the Patent and Trademark			provided below to
Address all correspondence and telephone	calls to Customer Number 23	347	Direct Telephone C	alls to:
David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-339	8			t J. SMITH 483-8022

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	SIGNATURE			
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	SIGNATURE			
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2	OF INVENTOR	GREEN	Darren	Victor, Steven
	INVENTOR'S	Signature		13th september 2004
	SIGNATURE	Signature Creen	,	13" september 2004
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FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME	FAMILY NAME JUNG Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline	STATE OR FOREIGN COUNTRY NC CITY Research Triangle Park	SECOND GIVEN NAME/INITIAL Kendall Date: COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY
INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline	STATE OR FOREIGN COUNTRY NC CITY	Date: COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY
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OF INVENTOR	LEE	Dennis	
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			SECOND GIVEN NAME/INITIAL
		Robert	Α.
	Signature		Date:
	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP			US
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ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
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FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
OF INVENTOR	WADMAN	Sjoerd	Nocolaas
INVENTOR'S	Signature		Date:
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	I		North Carolina 27709, US
ADDRESS		Research Triangle Laik	North Caronna 27709, 03
	RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR	RESIDENCE & CITY King of Prussia POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY FAMILY NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY ADDRESS FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY ADDRESS FULL NAME OF INVENTOR'S SIGNATURE POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE FAMILY NAME FAMILY NAME OF INVENTOR'S SIGNATURE FAMILY NAME WADMAN INVENTOR'S SIGNATURE RESIDENCE & CITY CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY Obermorschwiller POST OFFICE POST OFFICE ADDRESS	RESIDENCE & CITY King of Prussia POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY King of Prussia FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY King of Prussia FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY ADDRESS FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY ADDRESS FULL NAME FIRST GIVEN NAME ROBERT STATE OR FOREIGN COUNTRY PA CITY Research Triangle Park CITY Research Triangle Park FIRST GIVEN NAME ROBERT STATE OR FOREIGN COUNTRY PA CITY Research Triangle Park FULL NAME FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR OF INVENTOR SIGNATURE RESIDENCE & CITY OBERMANN SIGNATURE RESIDENCE & CITY OBERMANN SIGNATURE RESIDENCE & CITY CITIZENSHIP OBERMANN STATE OR FOREIGN COUNTRY FIRST GIVEN NAME Sjoerd STATE OR FOREIGN COUNTRY FIRST GIVEN NAME Sjoerd STATE OR FOREIGN COUNTRY FR CITIZENSHIP OBERMANN STATE OR FOREIGN COUNTRY FR CITY OBERMANN CITY OBERMANN STATE OR FOREIGN COUNTRY FR CITY OBERMANN STATE OR FOREIGN COUNTRY RESEARCH CITY OBERMANN STATE OR FOREIGN COUNTRY FR CITY OBERMANN STATE

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BEST AVAILABLE COPY

COMBINED DECLARATION F	OR UTILITY O	R DESIGN PATENT	ATTORNEY'S DOCKET PR60317USw		
APPLICATION WITH POWER	OF ATTORNEY	(First Names Inventor:		
			David Harold DREWRY		
			Complete if known:		
			App No.:		
() Declaration submitted with initial filing or					
() Declaration submitted after initial filing (surcharge	required 37CFR1.16(e))		Filing Date		
			Group Art Unit:		
As below named inventor. I her	eby declare that:				
My residence, post office address and citi	izenship are as stated bel	ow next to my name.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
CHEMICAL COMPOUNDS the specification of which (check only one item below):					
[]is attached hereto.	·				
OR					
[X] was filed on 18 June 2004 as Unite	d States application Seri	al No or PCT Inte	rnational		
Application Number PCT/US04/19692 f	filed and was amended or	n (MM/DD/YYYY)	(if applicable)		
I hereby state that I have reviewed and un as amended by any amendment specifical		the above-identified specification	, including the claims,		
I acknowledge the duty to disclose inform	nation which is material to	o patentability as defined in 37 Cl	FR §1.56.		
I hereby claim foreign priority benefits under 35 U inventor's certificate or 365(a) of any PCT internat States of America, listed below and have also identificate or of any PCT international application. PRIOR FOREIGN AND ANY PRIORITY CLA	ional application which of tified below, by checking having a filing date before	designated at least one country of the box, any foreign application to that of the application on which	ner than the United for patent or inventor's		
			DDIODITY		
	Country	Foreign Filing Date	PRIORITY		
Number (s)		(MM/DD/YYYY))	CLAIMED		
1.					
2.					
3.					
4.					
5.					
I hereby claim the benefit under Title 35, United S	tates Code §119(e) of an	y United States provisional applic	ation(s) listed below:		
Application No.	,	(MM/DD/YYYY)			
1. 60/479,753		6/19/2003			
2.			 		
2	 				



ATTORNEY'S DOCKET NUMBER
PR60317USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	TION		
			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inventor prosecute this application and to transact all bus Customer Number 23347 and Customer Number 23347.	siness in the Patent and Trademark	ers associated with the Office connected therew	Customer Numbers vith	provided below to
Address all correspondence and telephone of David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-339		<u>347</u>		alls to: MANOWICZ 483-8247

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DREWRY	David	Harold
1 -	INVENTOR'S	Signature	L <u></u> ,;	Date:
	SIGNATURE			
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
Ĭ	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
-	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	EVANS	Brian	
	INVENTOR'S	Signature		Date:
i	SIGNATURE			·
0	RESIDENCE &	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
ļ		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GOODMAN	Krista	В.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia	PA	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GREEN	Darren	Victor, Steven
	INVENTOR'S	Signature		Date:
	SIGNATURE			<u> </u>
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

		ECLARATION FOR UTII		PR60317USW
PAT	ENT APPL	ICATION WITH POWEI	R OF ATTORNEY CO	ontinued
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	JUNG	David	Kendall
	INVENTOR'S	Signature K. C		Date: Oct. 2 Zani
	SIGNATURE	12 1		Date: august 2, 2004
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LEE	Dennis	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
v	CITIZENSHIP	King of Prussia	PA	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
•	11221400	Five Moore Drive, PO Box 13398		1,703,05
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STAVENGER	Robert	A.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
•	CITIZENSHIP	King of Prussia	PA	US
	POST OFFICE	King of Prussia POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	•	,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WADMAN	Sioerd	Nocolaas
_	INVENTOR'S	Signature	2,00.0	Date:
	SIGNATURE			1
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
Ť	CITIZENSHIP	Obermorschwiller	FR	NL
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
-		Five Moore Drive, PO Box 13398		1

COMBINED DECLARAT				ATTORNEY'S DOCKET PR60317USw		
APPLICATION WITH PO)WER (OF ATTORNEY			nes Inventor:	
					rold DREWRY rete if known:	
				App No		
() Declaration submitted with initial filing	or					
() Declaration submitted after initial filing	g (surcharge r	equired 37CFR1.16(e))		Filing I	Date	
				Group A	Art Unit:	
,						
As below named inve	As below named inventor. I hereby declare that:					
My residence, post office addr	ess and citiz	zenship are as stated belo	ow next to my name.		:	
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
CHEMICAL COMPOUNDS the specification of which (check only one item below):						
[]is attached hereto.	:					
	4 as United	1 States application Serie	al No or PCT Inte	ernational		
Application Number PCT/US	04/19692 fi	led and was amended on	(MM/DD/YYYY)		(if applicable)	
I hereby state that I have revie as amended by any amendmen			the above-identified specification	n, includin	g the claims,	
I acknowledge the duty to disc	lose informa	ation which is material to	patentability as defined in 37 C	FR §1.56.	:	
I hereby claim foreign priority benefits inventor's certificate or 365(a) of any Postates of America, listed below and have certificate or of any PCT international and property of the proper	CT internation also idention to the contraction of the contraction in	onal application which d ified below, by checking laving a filing date befor	lesignated at least one country of the box, any foreign application to that of the application on which	her than the	ne United or inventor's	
PRIOR FOREIGN AND ANY PRIOR Prior Foreign Application		IMS UNDER 35 U.S.C Country	Foreign Filing Date	<u>-</u>	PRIORITY	
Number (s)		Jouna y	(MM/DD/YYYY))		CLAIMED	
1.						
2.						
3. 4.						
5.						
I hereby claim the benefit under Title 3.	5. United Sta	ates Code §119(e) of any	V United States provisional appli	cation(s) I	isted helow:	
Application No.	,		(MM/DD/YYYY)		Died Colo W.	
1. 60/479,753			5/19/2003			
2.						

ATTORNEY'S DOCKET NUMBER
PR60317USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION of	r PCT PARENT APPLICAT	ION		
•			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inventor prosecute this application and to transact all business Customer Number 23347 and Customer Number	iness in the Patent and Trademark			provided below to
Address all correspondence and telephone of David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3399		<u>347</u>		alls to: MANOWICZ 483-8247

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DREWRY	David	Harold
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	EVANS	Brian	
	INVENTOR'S	Signature		Date:
	SIGNATURE			1
0	RESIDENCE &	СТТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB ´	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GOODMAN	Krista	В.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia	PA	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GREEN	Darren	Victor, Steven
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	l	Five Moore Drive, PO Box 13398		,

COM	ABINED DE	CLARATION FOR UTIL	ITY or DESIGN	ATTORNEY'S DOCKET NUMBER PR60317USW
PAT	ENT APPLI	CATION WITH POWER	OF ATTORNEY Co	ntinued
	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	JUNG	David	Kendall
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СТТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LEE	Dennis	
	INVENTOR'S	Signatupe		Date: Aug 9,2004
	SIGNATURE			3
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia	PA	US
	POST OFFICE	POST OFFICE ADDRESS	СПҮ	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STAVENGER	Robert	A.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia POST OFFICE ADDRESS	PA	US
	POST OFFICE		CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WADMAN	Sjoerd	Nocolaas
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Obermorschwiller	FR	NL
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

COMBINED DECLAR				ATTORNEY'S DOCKET PR60317USw	
APPLICATION WITH	POWER (JE ATTUKNEY		First Names Inventor: David Harold DREWRY	
				Complete if known: App No.:	
() Declaration submitted with initial f	iling or				
() Declaration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		Filing Date	
As below named	inventor. I here	by declare that:			
My residence, post office	address and citiz	enship are as stated belo	ow next to my name.		
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
CHEMICAL COMPOUNDS the specification of which (check only one item below):					
[]is attached hereto. OR	;				
[X] was filed on 18 June	2004 as United	States application Seria	al No or PCT Into	ernational	
Application Number PC	I/US04/19692 fi	led and was amended on	(MM/DD/YYYY)	(if applicable)	
I hereby state that I have to as amended by any amended			the above-identified specification	, including the claims,	
I acknowledge the duty to	disclose informa	ation which is material to	patentability as defined in 37 C	FR §1.56.	
I hereby claim foreign priority bene inventor's certificate or 365(a) of a	ny PCT internati	onal application which d	lesignated at least one country of	her than the United	
States of America, listed below and certificate or of any PCT internation					
PRIOR FOREIGN AND ANY P				processy is commission.	
Prior Foreign Application Number (s)	(Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED	
1.					
2.					
3.					
4.					
5.					
I hereby claim the benefit under Ti	tle 35, United St			cation(s) listed below:	
Application No.			(MM/DD/YYYY)		
1. 60/479,753 2.		0	6/19/2003		
3					

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ATTORNEY'S DOCKET NUMBER PR60317USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	ION			
			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	CT Parent Parent Filing Date (MM/DD/YYYY)		PENDING ABANDON		
POWER OF ATTORNEY: As a named inven prosecute this application and to transact all bus Customer Number 23347 and Customer Number	iness in the Patent and Trademark	ers associated with the Office connected therev	Customer Numbers with	provided below to	
Address all correspondence and telephone of David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-339		347		alls to: MANOWICZ 483-8247	
I hereby declare that all statements made be	rein of my own knowledge one	man and Abat all at a c			

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DREWRY	David	Harold
1	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
l	CITIZENSHIP	Durham	NC	US
l	POST OFFICE	POST OFFICE ADDRESS	СПТУ	STATE & ZIP CODE/COUNTRY
] 1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		27707, 00
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	EVANS	Brian	
	INVENTOR'S	Signature	A	Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
١ ,	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GOODMAN	Krista	В.
	INVENTOR'S	Signature		Date:
_	SIGNATURE	CVIII.		
0	RESIDENCE &	CITY V: & D	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia	PA	US
3	POST OFFICE ADDRESS	GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
,	ADDKE33		Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
۷ .	OF INVENTOR	GREEN	Darren	Victor, Steven
_ 1	INVENTOR'S	Signature		Date:
0	SIGNATURE RESIDENCE &	CITY		
U	CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	GB	GB
4	ADDRESS	GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS		Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

CON	ABINED DE	CLARATION FOR UTII	LITY or DESIGN	ATTORNEY'S DOCKET NUMBER PR60317USW
PAT	ENT APPLI	ICATION WITH POWE	R OF ATTORNEY CO	ntinued
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	JUNG	David	Kendall
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC _	US
	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
-	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LEE -	Dennis	·
	INVENTOR'S	Signature		Date:
	SIGNATURE		·	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia POST OFFICE ADDRESS	PA	US
_	POST OFFICE		CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STAVENGER	Robert	Α.
	INVENTOR'S	Signature D		Date: 7/30/2014
	SIGNATURE	Lalerto		7/30/2019
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia	PA	US
-	POST OFFICE	GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS		Research Triangle Park	North Carolina 27709, US
	,	Five Moore Drive, PO Box 13398		
_	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WADMAN	Sjoerd	Nocolaas
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Obermorschwiller	FR	NL
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

COMBINED DECLARATION F APPLICATION WITH POWER			ATTORNEY'S DOCKET PR60317USw First Names Inventor: David Harold DREWRY					
() Declaration submitted with initial filing or			Complete if known: App No.:					
() Declaration submitted after initial filing (surcharge	Filing Date							
			Group Art Unit:					
As below named inventor. I he	reby declare that:							
My residence, post office address and cit	tizenship are as stated bel	low next to my name.						
I believe I am the original, first and sole (if plural names are listed below) of the sentitled:	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
the specification of which (check only or	CHEMICAL COM	APOUNDS .						
[]is attached hereto. OR [X] was filed on <u>18 June 2004</u> as Unit	ed States application Seri	al No. or PCT Inte	ernational					
Application Number PCT/US04/19692 applicable)			(if					
I hereby state that I have reviewed and use as amended by any amendment specifica	nderstand the contents of lly referred to above.	the above-identified specification	n, including the claims,					
I acknowledge the duty to disclose inform	nation which is material	to patentability as defined in 37 C	FR §1.56.					
I hereby claim foreign priority benefits under 35 Univentor's certificate or 365(a) of any PCT internations of America, listed below and have also ider certificate or of any PCT international application	tional application which tified below, by checking having a filing date befo	designated at least one country of g the box, any foreign application re that of the application on which	her than the United for patent or inventor's					
PRIOR FOREIGN AND ANY PRIORITY CL. Prior Foreign Application								
Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED					
1.		(WINDDITTT))	CLAIMED					
2.								
3.								
4.								
5.								
I hereby claim the benefit under Title 35, United S			cation(s) listed below:					
Application No. 1. 60/479,753		6/19/2003						
2.	- 00	0/17/4003						

ATTORNEY'S DOCKET NUMBER PR60317USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION 0	or PCT PARENT APPLICAT	TION					
			STATUS (Check one)				
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED			
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462							
Address all correspondence and telephone c David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398	_	347		alls to: MANOWICZ 483-8247			

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DREWRY	David	Harold
	INVENTOR'S	Signature	1 2 4	Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
l l	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	EVANS .	Brian	
	INVENTOR'S	Signature		Date:
l	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GOODMAN	Krista	В.
	INVENTOR'S	Signature		Date:
İ	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia	PA	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GREEN	Darren	Victor, Steven
1	INVENTOR'S	Signature		Date:
	SIGNATURE	Olimi (<u> </u>
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage POST OFFICE ADDRESS	GB	GB
4	POST OFFICE ADDRESS	GlaxoSmithKline	CITY Descript Triangle Doub	STATE & ZIP CODE/COUNTRY
"	VDDKE22		Research Triangle Park	North Carolina 27709, US
L	L	Five Moore Drive, PO Box 13398		

		CLARATION FOR UTIL			PR60317USW
PAI		CATION WITH POWER		ntinued	
_	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		N NAME/INITIAL
2	OF INVENTOR	JUNG	David	Kendall	
	INVENTOR'S	Signature		Date:	
•	SIGNATURE				
0	RESIDENCE &	CITY Durham	STATE OR FOREIGN COUNTRY	COUNTRY OF	CITIZENSHIP
	CITIZENSHIP	POST OFFICE ADDRESS	NC	US	
5	POST OFFICE	GlaxoSmithKline	CITY		CODE/COUNTRY
3	ADDRESS		Research Triangle Park	North Ca	rolina 27709, US
		Five Moore Drive, PO Box 13398			
_	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVE	N NAME/INITIAL
2	OF INVENTOR	LEE	Dennis		
	INVENTOR'S	Signature		Date:	
	SIGNATURE			İ	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF	CITIZENSHIP
	CITIZENSHIP	King of Prussia	PA	US	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP (CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Car	rolina 27709, US
		Five Moore Drive, PO Box 13398			,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVE	N NAME/INITIAL
2	OF INVENTOR	STAVENGER	Robert	A.	
	INVENTOR'S	Signature		Date:	
	SIGNATURE				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF	CITIZENSHIP
	CITIZENSHIP	King of Prussia POST OFFICE ADDRESS	PA	US	
	POST OFFICE		CITY	STATE & ZIP C	ODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Car	rolina 27709, US
		Five Moore Drive, PO Box 13398	_		•
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVE	N NAME/INITIAL
2	OF INVENTOR	WADMAN	Sjoerd	Nocolaas	
	INVENTOR'S	Signature S. Was		Date: 4.7	
	SIGNATURE			1 06/d	08/04
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF	CITIZENSHIP
	CITIZENSHIP	Obermorschwiller	FR	NL	
i	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP C	ODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Car	rolina 27709, US
	l l	Five Moore Drive, PO Box 13398			.,

Doc Code:

PTO/SB/81 (04-05) Approved for use through 11/30/2005. OMB 0651-0035
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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	To be assigned	
Filing Date	Concurrently Herewith	-
First Named Inventor	David Harold DREWRY	
Title	CHEMICAL COMPOUNDS	
Art Unit	To be assigned	
Examiner Name	To be assigned	
Attorney Docket Number	PR60317USW	

I here	by revoke all p	previou	us powers of attorney given in the a	above-i	identif	fied application	n.		
I here	eby appoint:								
\boxtimes	Practitione	ers ass	ociated with the Customer Number	r:			23347		
	OR				L				
	Practitione	er(s) na	amed below:						
	<u> </u>		Name	Τ		Registrat	tion Num	nber	
								-	
						,			
as my Unite	//our attorney(s d States Paten	s) or a	gent(s) to prosecute the application Trademark Office connected there	n ident with.	ified a	above, and to	transact	all bu	siness in the
Plea	ase recognize	or cha	inge the correspondence address t	for the	above	e-identified ap	plication	to:	
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OR			. [
	The address	assoc	iated with Customer Number:						
OR									
	Firm or Individual Name								
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City				S	State			Zip	
Count	ry								
Teleph	none			E	mail				
I am t									
	Applicant/Invent	tor.							
X	Assignee of reco	ord of the or 37 CF	he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB	3/96).					
			SIGNATURE of Applica	ant or	Assig	nee of Recor	rd		
Signat	ure	1	wy P. Gussy				Date	I	December 13, 2005
Name		Frank	k P. Grassler				Telephon	пе	(919) 483-2482
_	ind Company		ney for SmithKline Beecham Corpo			· · ·			
NOTE multipl		all the	inventors or assignees of record of the	e entire	interes	st or their repres	entative(s) are	required. Submit
<u> </u>	Total of		forms are submitted.						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEMENT UNDE	<u>:R 37 CFR 3.73(b)</u>
Applicant/Patent Owner: SmithKline Beecham Corporation	
Application No./Patent No.: <u>To be assigned</u>	Filed/Issue Date: Concurrently Herewith
Entitled: CHEMICAL COMPOUNDS	
(Name of Assignee) (Type of Assig	nee, e.g., corporation, partnership, university, government agency, etc.)
states that it is:	
1. the assignee of the entire right, title, and interest; or	
2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is	%
in the patent application/patent identified above by virtue of either:	
A. [/] An assignment from the inventor(s) of the patent application/patent ider States Patent and Trademark Office at Reel015131, Frame	
OR	·
B. [] A chain of title from the inventor(s), of the patent application/patent iden	ntified above, to the current assignee as shown below:
1. From: To: The document was recorded in the United States Patent and Tradema Reel , Frame , or for which a continuous continuo	
From: To: The document was recorded in the United States Patent and Tradema Reel, or for which a content of the property of the prop	
3. From: To:	
The document was recorded in the United States Patent and Tradema Reel, or for which a c	
[] Additional documents in the chain of title are listed on a supplementa	al sheet.
[] Copies of assignments or other documents in the chain of title are attache [NOTE: A separate copy (i.e., a true copy of the original assignment docur accordance with 37 CFR Part 3, if the assignment is to be recon	ment (s)) must be submitted to Assignment Division in ded in the records of the USPTO. See MPEP 302.08]
The undersigned (whose title is supplied below) is authorized to act on behalf	
Signature	December 13, 2005 Date
Frank P. Grassler	(919) 483-2482
Printed or Typed Name	Telephone number
Attorney for SmithKline Beecham Corporation	
Title	National Control of the Control of t

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETE D FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Power of Attorney

BY THIS POWER OF ATTORNEY given this 23rd day of February two thousand and five SMITHKLINE BEECHAM CORPORATION, a company incorporated in Pennsylvania (Registration No. 3330395) and having its registered office at One Franklin Plaza, P.O. Box 7929, Philadelphia, Pennsylvania 19101, United States of America, (hereinafter called "the Company"), HEREBY appoints all and any of its Directors, Secretary and Assistant Secretary for the time being, and DAVID ROBERTS, PETER JOHN GIDDINGS, ARTHUR WILLIAM RUSSELL TYRRELL, HUGH BAINFORDE DAWSON, WENDY ANNE FILLER, MICHAEL JOHN STOTT, PETER I. DOLTON, HELEN KAYE QUILLIN, MARCUS JONATHAN WILLIAM DALTON, CHARLES M. KINZIG, STEPHEN VENETIANER, THEODORE R. FURMAN, MARY E. McCARTHY, EDWARD R. GIMMI. CHARLES EDWARD DADSWELL, ROBERT H. BRINK, and FRANK P. GRASSLER jointly and severally to be its true and lawful agents and attorneys (hereinafter called "the Attorneys") on behalf and in the name of the Company or otherwise to do, perform, exercise or execute or concur with any other person or persons in doing, performing or exercising in or for any country or countries or jurisdiction in any part of the world all or any of the following powers, acts, deeds and things in connection with: letters patent, including extensions thereto; utility models; copyrights; trademark registrations; trademarks; trade names; trade dress; logos; design rights; designs and all rights analogous thereto and all applications therefor and any other forms whatsoever of intellectual property rights; including know-how, all of which are hereinafter called "Intellectual Property Rights", that is to say:

- In any country or countries or jurisdiction in any part of the world to make application
 or cause application to be made for the grant or issue or transfer to the Company or
 registration in its name of Intellectual Property Rights and to take all steps necessary
 for the same to be prosecuted, maintained, withdrawn, renewed, enforced, defended
 or extended.
- 2. As the act and deed of the Company to sign, seal, deliver and execute all or any assignments or assurances, licences to the Company of or under any Intellectual Property Rights or the right to and interest in any inventions to be the subject of Intellectual Property Rights for the purpose of fully and effectually vesting and transferring the same in and to the Company.
- 3. As the act and deed of the Company to sign and execute all or any assignments and acceptances of the transfer or assignment of such rights, and also any licences, sublicences and consents from the Company of or under any Intellectual Property Rights or the right to and interest in any invention to be the subject of Intellectual Property Rights, for the purpose of fully and effectually vesting transferring or granting the same in and to any entity, whether in the United Kingdom or elsewhere, in so far as such documents can be executed without the Company's seal being affixed thereto. For purposes of this Power of Attorney, the terms "entity" means, and includes, any person, firm or company or group of persons or unincorporated body.
- 4. To give undertakings or assurances to third parties and to any Trademark Registry or official intellectual property agency or governmental department or otherwise responsible for the registration or protection of trademarks, trade names, trade dress, logos, design rights or designs for the purpose of best protecting or ensuring the coexistence of the Company's rights to trademarks, trade names, trade dress, logos, design rights or designs.
- 5. To commence, prosecute and defend any proceedings or applications whether judicial or extra judicial relating to Intellectual Property Rights and to maintain, withdraw or settle the same.

- 6. For and in connection with any Intellectual Property Rights to sign, seal, deliver and execute any Power of Attorney or other deed or document authorising any agent, including trademark and patent agents and attorneys, to act on behalf of the Company.
- 7. To apply for the registration, amendment or cancellation of user rights in respect of any trademark or trade name.
- 8: To act in regard to all official communications which may now or hereafter be addressed to the Attorneys relating to Intellectual Property Rights or the renewal thereof in such manner that the Attorneys may be recognised as the authorised agent(s) of the Company in all proceedings in relation thereto.
- 9. For all or any of the purposes contained herein as the act and deed of the Company to sign, seal, deliver, execute and do all such documents, deeds, agreements, instruments and to do such acts as shall be requisite or may be deemed proper for or in relation to the said purposes.
- 10. This Power of Attorney shall expire on December 31, 2006

AND THE COMPANY HEREBY RATIFIES and confirms and agrees to ratify and confirm all and whatsoever the Attorneys or any person, persons, firm or company appointed by them shall lawfully do or have done by virtue of the authorities herein contained

AND THE COMPANY HEREBY DECLARES that all instruments executed under and by virtue of this Power shall be as valid and effectual as if sealed by the Common Seal of the Company.

IN WITNESS whereof SMITHKLINE BEECHAM CORPORATION has caused its Common Seal to be hereunto affixed the day and year first before written

The COMMON SEAL of	
SMITHKLINE BEECHAM CORPORATION	
was hereto affixed in the presence of:	

Donald F. Parman

Vice President and Secretary